



Claimant's Name: _____ SSN: _____ Employer's Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: () - Work Phone: () - Carrier: _____
Preparer's Name: _____ Preparer's Phone #: () - _____

Date of injury: _____
month day year

Supplemental Report of Varying Temporary Partial Payments

From _____ through _____, Claimant was paid \$_____ per week as temporary partial compensation. The weekly wage before the injury was \$_____. The weekly wage for this period was \$_____.

From _____ through _____, Claimant was paid \$_____ per week as temporary partial compensation. The weekly wage before the injury was \$_____. The weekly wage for this period was \$_____.

From _____ through _____, Claimant was paid \$_____ per week as temporary partial compensation. The weekly wage before the injury was \$_____. The weekly wage for this period was \$_____.

From _____ through _____, Claimant was paid \$_____ per week as temporary partial compensation. The weekly wage before the injury was \$_____. The weekly wage for this period was \$_____.

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In an ongoing period of temporary partial, when the compensation rate varies from week to week, the employer's representative shall report the first payment on a Form 15 according to R.67-503. Supplemental payments shall be reported on a Form 15S, to be filed with the document stopping that period of temporary partial compensation or with the Form 18, which shall be filed six months after the date of injury and each six months thereafter until the file is closed. R.67-503.